24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Coeffecient	M = M / D = D / Y = Y = Y
Mailing Address 1881 Main St. #305	10 14 2020 Amount
City State Zip Code	11978.26
Kansas City MO 64108	Transaction ID: SE.22060 Date of Disbursement or Obligation
Purpose of Expenditure SMS Messaging Category/ Type	10 14 2020
Name of Federal Candidate Support Office	e Sought: House District:
PETERS, GARY, , ,	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Tall Name of Fayor	M M M / D D / Y Y Y Y Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) CURTOTAL of have red by dependent Figure with war	
(a) SUBTOTAL of Itemized Independent Expenditures	11978.26
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	11978.26
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Gross, Jennifer, , , [Electronically Filed] Date 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	